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CONFIRMATION NO. 5000

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/422,046	10/20/1999	705	3626	7553.00028 / 99-1000		
RULE						
APPLICANTS STEPHEN J. BROWN, WOODSIDE, CA;						
** CONTINUING DATA ***** This application is a CON of 09/271,217 03/17/1999 PAT 6,168,563 which is a CIP of 08/481,925 06/07/1995 PAT 5,899,855 which is a CON of 08/233,397 04/26/1994 ABN and is a CIP of 07/977,323 11/17/1992 PAT 5,307,263 and said 09/271,217 03/17/1999 is a CIP of 08/946,341 10/07/1997 PAT 5,997,476 which is a CIP of 08/847,009 04/30/1997 PAT 5,897,493 and claims benefit of 60/041,746 03/28/1997 and claims benefit of 60/041,751 03/28/1997						
** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/15/1999						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /ROBERT W MORGAN/ Acknowledged Examiner's Signature		<input checked="" type="checkbox"/> Met after Allowance RM Initials	STATE OR COUNTRY CA	SHEETS DRAWINGS 25	TOTAL CLAIMS 76	INDEPENDENT CLAIMS 5
ADDRESS HEALTH HERO NETWORK, INC. 2400 GENG ROAD, SUITE 200 PALO ALTO, CA 94303 UNITED STATES						
TITLE REMOTE HEALTH MONITORING AND MAINTENANCE SYSTEM						
FILING FEE RECEIVED 4172	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		